



Action Steps and Report From

**The Northwest Regional Workshop:
HIV Prevention Approaches for
Alcohol and Drug Use Among
Men Who Have Sex With Men**

University of Washington
Seattle, Washington
September 3-5, 1997



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Atlanta, Georgia 30333

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Background

In late 1996, United States Representative Jim McDermott (7th District, Washington) sent a letter to Helene Gayle, M.D., M.P.H., Director, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention (CDC), encouraging CDC to convene a meeting to address the development of programs which would focus on human immunodeficiency virus (HIV) prevention and alcohol and other drug use prevention among men who have sex with men (MSM)¹. In addition Rep. McDermott suggested the workshop would be a good vehicle to examine what research is needed to investigate alcohol and other drug use and sexual activity among MSM, and in particular methamphetamines, which are prevalent in the Northwest. In response to that letter, a group of researchers and program staff at the federal, state and local levels came together to plan a Northwest Regional Workshop entitled *HIV Prevention Approaches for Alcohol and Other Drug Use Among Men Who Have Sex with Men*. The members of the Planning Committee are listed in an appendix of this report.

The Planning Committee envisioned a workshop that would enable researchers, HIV prevention experts, substance abuse treatment experts, state and local government representatives, and other interested parties to develop an agenda for the months and years to come on research and intervention program development related to alcohol and other drug use and sexual activity among MSM.

To achieve this overall goal, the workshop had three objectives:

- ◆ To develop a series of recommendations to guide the planning of research activities in the next several years.
- ◆ To develop research recommendations that would address the specific population of gay, bisexual, transgender men and MSM who do not necessarily identify as being gay or bisexual.
- ◆ To disseminate a series of recommendations on research and program development on HIV prevention and alcohol and other drug use among MSM for use in the Northwest and in other parts of the country where they may be applicable.

¹ The term men who have sex with men or MSM includes gay- and bisexual-identified men as well as men who have sex with men without identifying as gay or bisexual. This term is used as an all-encompassing designator based on sexual behavior.



Workshop Sponsors

The workshop was sponsored by the following Operating Divisions of the U.S. Department of Health and Human Services: National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention (CDC); Center for Substance Abuse Treatment (CSAT), of the Substance Abuse and Mental Health Services Administration (SAMHSA); and the National Institute on Drug Abuse (NIDA) of the National Institutes of Health.

The following non-federal governmental agencies also sponsored the workshop: the Seattle King County Department of Public Health; the Washington State Department of Health; the Washington State Division of Alcohol and Substance Abuse; and the following entities within the University of Washington: Alcohol and Drug Abuse Institute, Center for AIDS Research, and the School of Public Health and the School of Nursing.

The Planning Committee also wishes to acknowledge the generosity of Glaxo Wellcome, Inc. and Merck & Co., Inc.



Introduction

The workshop was held in Seattle, Washington, September 3 - 5, 1997 and brought together approximately 130 participants from various parts of the country (but predominantly from Western states). This report summarizes the proceedings conducted and records the action items and research and program recommendations resulting from the proceedings.

The workshop consisted of two types of sessions, research presentations and working sessions. During the research presentations, researchers presented the findings of both quantitative and qualitative studies that were conducted to investigate the substance use and sexual behavior of MSM. Results of epidemiologic and ethnographic studies provided insight into the characteristics and the behavioral tendencies that may make MSM more vulnerable to substance abuse and more prone to engage in behaviors that may place them at higher risk for HIV transmission.

The goal of the working sessions was to identify what concepts or assumptions about the targeted population required further research and also to recommend a number of action items to begin the implementation of the research agenda. During the working sessions, the participants were divided into breakout teams to discuss recommendations in their particular areas of expertise including epidemiology, HIV prevention and substance abuse treatment. Their recommendations are summarized later in this document.

In addition to this report, the Planning Committee and CDC, NIDA, and SAMHSA have commissioned several papers on topics related to HIV prevention and alcohol and other drug use among MSM. These papers will be published later.

This report was prepared by the members of the Planning Committee and Velez Associates. The Planning Committee members wish to acknowledge the excellent work of Carlos Velez in preparing this report.

This report will provide decision-makers with background information they can use to plan how recommendations can be implemented. The recommendations have not been rank-ordered in terms of importance. The participants indicated that all the recommendations have equal weight.



The action items that follow are based on the recommendations presented by the work teams.

1.A. More research is needed on alcohol and other drug use among MSM and its relationship to sexual behavior and high-risk sexual behavior.

1.B. Rationale

- ◆ Alcohol and other drug use is frequently reported among MSM and is often reported to be used as a means of identifying with the community.
- ◆ Many MSM report that drug and alcohol use are involved in sexual activity to help achieve intimacy and heightened sexual experiences. In the West and Northwest regions, this appears to be particularly true in relationship to methamphetamine abuse.
- ◆ There is insufficient research on the relationship between alcohol and other drug use and sexual behavior among MSM.

1.C. Suggested implementation steps

- ◆ Give increased priority among HHS Operating Divisions to conducting research on alcohol and other drug use, including methamphetamines, among MSM.
- ◆ Conduct behavioral research on the impact of alcohol and other drug use on high-risk sexual behavior among MSM.
- ◆ With the assistance of researchers, develop program evaluation guidelines for grantees on the measurement of the impact of alcohol and other drugs on sexual behavior and high-risk sexual behavior among MSM.

2.A. Develop new intervention evaluation measures which examine a full spectrum of program effectiveness for harm and risk reduction interventions.

2.B. Rationale

- ◆ Many substance abuse and HIV prevention programs seek 100% behavior change from the participants (e.g., abstinence from drug use, consistent and correct condom use), although these goals may not be possible to achieve for some individuals and some settings.
- ◆ Risk and harm reduction (hereinafter referred to as “risk reduction”) goals that do not require complete abstinence from alcohol and other drug use appear to be useful either as steps toward becoming drug-free (abstinent) or as pragmatic techniques to reduce the risks of behaviors that MSM are unwilling or unable to forego.
- ◆ There are insufficient data on the effectiveness of risk reduction approaches for HIV prevention among MSM.

2.C. Suggested implementation steps

- ◆ Using standardized language, develop evaluation methodologies which measure whether incremental changes in sex risks and substance use have been attained among MSM.
- ◆ Develop outcome measures which can ascertain whether incremental goals and objectives rather than full compliance are successful for MSM. Such outcome measures might be a decreased use of alcohol or other drugs instead of complete abstinence and the attainment of limiting unprotected sex to a monogamous partner whose HIV status is known.
- ◆ Obtain data on the effectiveness of risk reduction programs and whether their goals and objectives are able to provide effective interventions among MSM. This data might look for a decreased use of alcohol and other drugs such that program participants can attain consistent and correct condom use.

3.A. Ensure that research methods are sensitive to the communities affected by involving members of the community in the research design, implementation and interpretation of findings.

3.B. Rationale

- ◆ Greater coordination of research findings and program development among Federal agencies is necessary, including the standardization of terms used for research on the use of alcohol and other drugs among MSM.
- ◆ Too few ethnographers, especially MSM and minorities, have been trained to conduct the necessary research among MSM. Ethnography has received insufficient emphasis on research on HIV prevention, substance abuse and MSM risk behaviors.
- ◆ Increased participation by MSM and community-based organizations serving MSM is likely to increase the effectiveness of research by providing insight into the behaviors and thinking of MSM.

3.C. Suggested implementation steps

- ◆ Create a federal and non-federal cross-agency working group to identify highest priority research areas related to MSM and alcohol and other drug use, including strategies to resolve methodological issues.
- ◆ Provide increased training opportunities and support for ethnographers who come from the affected communities (particularly MSMs) and minorities (including ethnic and sexual minorities, youth and rural populations).
- ◆ Increase collaboration between researchers conducting research among MSM and the community.

4.A. Conduct further research and program intervention development on MSM at high risk for hiv, including MSM who use alcohol and other drugs, MSM of color and young MSM.

4.B. Rationale

- ◆ Epidemiologic data and other research presented at the workshop pointed to high rates of HIV incidence among MSM who use alcohol and other drugs, MSM of color and young MSM.
- ◆ More research is needed to understand why MSM with higher rates of alcohol and other drug use are more likely to become HIV infected.
- ◆ More research is needed on the effectiveness of HIV prevention and substance abuse treatment interventions among MSM who use alcohol and other drugs, MSM of color, young and rural MSM.

4.C. Suggested implementation steps

- ◆ Increase participation of MSM with relevant expertise on HHS advisory and review groups.
- ◆ Conduct more research specifically addressing alcohol and other drug use and sexual behavior among MSM of color and young MSM.

5.A. Conduct further research to identify the most effective substance abuse treatment approaches for MSM.

5.B. Rationale

- ◆ More research is needed on the most effective substance abuse treatment for MSM at high risk for HIV, including MSM who use methamphetamines, MSM of color, young MSM, and MSM in rural communities.
- ◆ Additional data are needed on substance abuse treatment outcomes for MSM in mainstream and “gay friendly” substance abuse treatment programs.
- ◆ While there is agreement that “gay-friendly” substance abuse treatment programs successfully treat MSM with alcohol and drug problems, there needs to be additional research aimed at defining the characteristics of successful programs.

5.C. Suggested implementation steps

- ◆ Gather data on the effectiveness of various types of alcohol and other substance abuse treatment programs for MSM.
- ◆ Conduct further research on prevention and substance abuse treatment program development, including regional differences in both HIV and alcohol and other drug use for MSM.
- ◆ Gather data on the effectiveness of programs that provide substance abuse treatment and HIV prevention to MSM.

6.A. Hold additional regional workshops on alcohol and other drug use and HIV prevention among MSM.

6.B. Rationale

- ◆ There appear to be regional variations in HIV risks and alcohol and other drug use among MSM.
- ◆ To better develop strategies to address the needs of MSM, regional meetings may be important catalysts in determining priorities for research and program development.

Recommendations by Issue Area

The following are the recommendations presented by the participants in the three working sessions along with narrative explanations:

Epidemiology

- ❖ *The Secretary of Health and Human Services should establish a team of experts in epidemiology, HIV prevention and substance abuse prevention and treatment, to identify high priority research topics related to MSM and alcohol and other drug use. Among the issues to be addressed are methodological issues related to long term research projects.*

The participants indicated that the composition of research review committees, initial review panels and other panels in the Department of Health and Human Services (HHS) required examination. In the past, these panels have not included a sufficient number of specialists familiar with the literature on MSM who use alcohol and other drugs and who can make informed recommendations on what research should be funded. The team suggested that, generally, funding for research related to MSM has been hampered by a lack of understanding of the issues. The participants also stressed the need to provide briefing sessions to staff and grant reviewers in order to increase understanding of the issues surrounding MSM, HIV and substance abuse.

- ❖ *Funders of research should provide mechanisms for collaborative, multi-site research studies (including cooperative agreements and investigator-driven collaboration) to investigate drug/alcohol use among MSM.*

Several recommendations addressed the need to better coordinate research efforts for MSM, including: developing a comprehensive directory of researchers and service providers and using conferences as venues where researchers, HIV prevention specialists, substance abuse treatment providers and consumers could exchange information and development of program models.

- ❖ *Increase training opportunities and support for ethnographers, behavioral epidemiologists and other researchers who are representative of the affected communities, with a particular emphasis on racial/ethnic and sexual minorities, youth and rural communities.*

The research findings presented at the workshop indicated a need for further ethnographic and behavioral research on the determinants that predict whether MSM will use alcohol and other drugs and engage in behaviors that may place them at high risk for HIV. To investigate these assumptions, research models should be developed with assistance from individuals who are members of the population being studied (i.e., MSM) or who have extensive contact with the population.

- ❖ *Strengthen research methodologies and conduct research that can be generalized and have wide applicability. Some of the suggested steps include: standardizing and operationalizing terminology, choosing different measurement tools, and examining different relationships and outcome assessments.*

❖ *Conduct research among MSM using adapted clinical trials model (phases I, II, and III) to help identify promising interventions, focusing on, but not limited to:*

- ◆ the relationship between alcohol and other drugs, especially methamphetamines, and sexual activity,
- ◆ the impact of predisposing factors (e.g., genetic, child abuse, poverty),
- ◆ co-existing mental health disorders,
- ◆ determinants of MSM who reduce drug use or achieve sobriety and have achieved a “healthy” balance,
- ◆ basic epidemiologic and ethnographic studies of human sexuality (both MSM and hetero sexual), and
- ◆ increased intervention research relating to drug use among MSMs.

In this recommendation the participants agreed that there are specific issues that have an effect on the level of vulnerability of MSMs to alcohol abuse and high-risk sexual behavior. The use of a clinical trials model would provide consistency in the research methods and would allow for relatively simple replication studies.

Prevention

- ❖ *Conduct additional research to develop evaluation methodologies to measure the impact of programs using social and environmental change to promote individual change among MSM.*

Programs that rely on social change as a means to bring about individual change among MSM have not been completely evaluated. Therefore it is imperative to develop the tools that can measure the effectiveness of these social change interventions.

- ❖ *Conduct research that create a topology of “safe places” and identify the features of “safe places” that help some MSM adopt less risky behaviors.*

Some of the MSM who have been able to reduce their alcohol and other drug use and their high risk sexual behavior are those who have access to “safe places” in which they can address the issues that contribute to their risk-taking behaviors. Some of these safe places have been described as locales where individuals can express their innermost feelings without fear of reprisal. Research needs to be conducted to identify the elements necessary to create a safe space so that safe places can be used effectively to help other MSM reduce risk behaviors.

- ❖ *Develop closer linkages between researchers and prevention programs, including community-based organizations, to make research findings transferable to operational programs.*

Research among MSM can be made stronger by closer collaboration between the researchers and staff of prevention programs, including community-based organizations. The closer collaboration must include the design of the research model, the implementation of the research methods, and the interpretation of the research findings.

- ❖ *Conduct research to investigate the relationship between gay culture and recovery from alcohol and other drug use to determine whether issues of sexual identity prevent individuals from changing their behavior.*

There is limited information on the impact of recovery from substance abuse among individuals who self-identify as gay or bisexual. Issues of cultural identity for MSM may be directly tied to issues of alcohol and other drug use.

- ❖ *Develop funding mechanisms that require linkages between researchers and HIV prevention programs, including community-based organizations operated by and for racial and ethnic minority populations and MSM.*

Researchers should collaborate with community-based organizations in the development of the research model, the implementation of the methodology, and the interpretation of the research findings. This collaboration would be facilitated by the availability of research funds to support the participation of community-based organizations in research projects.

- ❖ *Train more researchers who are either MSM or have close ties to MSM, especially in racial and ethnic minority communities, youth communities and rural communities and provide opportunities for researchers of color to exchange information and research.*

MSM should be encouraged to engage in the research being conducted. In the case of racial and ethnic minority communities, there are limited opportunities for training in the research area. Additional funding must be provided to ensure that quality researchers belonging to these communities are training other MSM to participate. Funding should also provide adequate incentives to ensure that they will participate in research activities.

- ❖ ***MSM who belong to racial and ethnic minority communities face additional barriers they must overcome in order to address issues of alcohol and other drug use and high risk sexual behavior. Develop interventions that address specific cultural and societal factors in the case of MSMs of color.***

Populations that have been subjected traditionally to discrimination face additional hurdles when dealing with substance abuse and high-risk sexual practices. There is limited information on the impact of discrimination on members of historically disenfranchised populations, in particular men who face both homophobia and racism. Further research is needed to study the effect of culture and discrimination on high-risk behavior and on the impact of culturally-based programs in addressing HIV prevention and substance abuse treatment.

- ❖ ***Examine the impact of government policies on HIV prevention among MSM.***

Since the early days of the HIV/AIDS epidemic, government institutions have been limited in their activities by legislation, regulations, and funding allocations.

- ❖ ***Develop models for risk reduction in substance abuse treatment.***

The participants stressed the fact that abstinence from alcohol and drug use may not be the only solution available to all individuals. Incremental change based on risk reduction models may be more attractive to those who may not want to engage in total abstinence. More research is needed to develop risk reduction models and to examine how to measure whether an incremental change approach to substance abuse treatment is successful.

- ❖ ***Evaluate the impact and effectiveness of various interventions and substance abuse treatment on HIV prevention among MSM.***

The HIV risk reduction model examines sexual behaviors that are safe, those that are perceived to be safe, those that are less safe and those that are unsafe. The participants agreed that there is a need for additional information on the risk reduction model, its long-term impact and other determinants that may affect sustaining behavior change.

Substance Abuse Treatment

- ❖ *Facilitate greater efforts to recruit gay men and other sexual minorities to serve on initial review groups and agency advisory committees at the federal, state, city and county levels with respect to HIV prevention and alcohol and other drug use issues.*

The participants suggested that there is a need to increase the number of MSM who are members of review groups, advisory committees and other bodies at all levels of government. This would ensure that review committees have the necessary expertise to identify critical issues among MSM.

- ❖ *Expand the definition of substance abuse treatment to incorporate:*
 - ♦ *a range of interventions appropriate to different stages of readiness to change,*
 - ♦ *risk reduction counseling,*
 - ♦ *cultural and community issues and contexts, and*
 - ♦ *new definitions of success in substance abuse treatment, which may include incremental markers such as retention, change modification, or reduction of problematic drug use, and development of skills, coping mechanisms, and building of social and practical supports in existing communities.*

Research is needed in the development of models that can address the individual's level of readiness to change behavior. Similarly, program models must also deal with specific cultural determinants that may hamper the individual's ability to change.

- ❖ *Secure additional funding to provide substance abuse treatment on demand.*
- ❖ *Enhance communications between researchers, service providers, community leaders, and active and former users.*
- ❖ *Increase access to substance abuse treatment to address the needs of sexual minorities, and especially the issues of traditionally disenfranchised groups such as ethnic minorities and transgender persons.*

Specific cultural issues must be addressed when designing research projects and program models. Culture, whether it is gay and bisexual or related to a racial or ethnic minority, is an essential component in the definition of identity. Many cultural factors affect whether an individual will be vulnerable to alcohol and other drug use or high-risk sexual behavior. Cultural factors will affect MSM response to substance abuse treatment.

- ❖ *Conduct research on the development of substance abuse treatment programs for gay, bisexual, transgender adolescents and other MSM adolescents to address the following issues:*
 - ♦ *risk reduction models that suit their specific needs;*
 - ♦ *the fluidity of sexual behavior among some adolescents; and*
 - ♦ *the use of developmental theory.*

Gay, bisexual, transgender and other MSM adolescents, are at increased risk for HIV transmission and for alcohol and other drug use. Additional research is necessary to examine the effectiveness of various substance abuse treatment alternatives for young MSM.

- ❖ ***Expand comprehensive case management and outreach for MSM beyond information dissemination to include, among others: counseling, relationship building, crisis intervention recruitment and referral.***

Programs should be designed to address the specific cultural determinants that influence alcohol and other drug use behaviors among MSM. Some of the services being proposed are skills building and referral, which are necessary as steps to avoid high-risk behavior. Research models need to be developed that can help determine the most effective ways of developing programs that incorporate psychosocial and skills building elements.

- ❖ ***Conduct research on the needs and differences between rural and urban gay and bisexual men, adolescents, and men of color.***

Information is less available on MSM in rural communities, where it is more difficult to find places where MSM congregate and where it is much more difficult to disseminate information to this population. Research should be conducted in rural areas and program models should be developed to address the needs of rural populations.



Appendices



**Planning
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**Members of The Planning Committee for
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Agenda

September 3, 1997

7:30-8:30 Registration and Continental Breakfast

8:30-9:00 Opening Session
Moderator: Mike Gorman, PhD

Honorable United States Congressman Jim McDermott,
as represented by Aide Rita Patel
Honorable State Representative Ed Murray, Washington State - 43rd District
Honorable State Representative Frank Chopp, Washington State - 43rd District
Ronald O. Valdiserri, MD, MPH, CDC

9:00-10:00 Epidemiology Studies: National and Regional Data
Moderator: King K. Holmes, MD

Commissioned Paper - Non-injecting and injecting substance use among HIV-seropositive MSM: Results from a multisite interview project
Patrick S. Sullivan, DVM, PhD, CDC

NIDA Cooperative Agreement Study: prevalence of drug and HIV-related behaviors among MSM in 5 sites
Antonio Estrada, PhD, University of Arizona

HIV/AIDS data on drug use among MSM in Washington State
Lennox M. Ryland, DVM, MPH, Washington State Department of Health

10:00-10:30 Break

10:30-11:30 Epidemiology Studies in California and Vancouver
Moderator: Mariella Cummings, RN, MS

Recent surveillance data and review of young MSM drug use data - California
Matthew Facer, MS, California State Department of Health Services

Young MSM study, Vancouver, British Columbia
Steffanie Strathdee, PhD, British Columbia Centre for Excellence in HIV/AIDS

11:30-1:00 Lunch

1:00-2:00 HIV Risks Associated with Alcohol and Other Drug Use
by MSM
Moderator: Dennis M. Donovan, PhD

Commissioned paper: Intertwining epidemics: a short history of the research on substance use and its relationship to the AIDS epidemic among gay men
Ron Stall, PhD, UCSF, San Francisco

The 1994-1997 Young Men's Survey: the prevalence of HIV, alcohol and drug use, and other HIV-related risk behaviors among young men who have sex with men sampled in six urban counties in the USA
Linda Valleroy, PhD, CDC

An epidemiologic survey of HIV risk behaviors among MSM in a resort area: the South Beach Health Survey, Miami, Florida
Robert D. Webster, MPH, Florida International University, Miami

2:00-2:30 Break

2:30-3:30 Personal Perspectives on HIV Risk Associated With Alcohol and Drug Use by MSMS
Moderator: Hank Wilson

3:30-5:15 Breakout Session #1—Identifying High Priority Needs

I. *Epidemiology/Ethnography priorities and gaps: the interface between AOD/HIV*
Moderators: Richard Needle, Patrick Sullivan, Bob Wood

II. *Prevention/Intervention/Community planning*
Moderators: John Peppert, David Purcell, Cameron Lewis

III. *Treatment strategies and linkages: substance abuse and HIV*
Moderators: Fritz Wrede, David Thompson, Tim Popanz

Cross-cutting issues to be considered by all three breakout groups

- a. *Gay-identified MSM*
- b. *Men of color*
- c. *HIV positive MSM*
- d. *Youth*
- e. *Epidemiology/Ethnography*

6:00-8:00 Workshop Reception
Walker-Ames Room, Kane Hall, Red Square,
University of Washington

September 4, 1997

7:30-8:30 Continental Breakfast

8:30-8:45 Introduction
Moderator: Bob Wood, MD

8:45-10:00 Ethnographic Studies
Moderator: James McGough, PhD

Commissioned paper Methodological and analytical strengths of ethnographic approaches for drug use among MSM and HIV prevention
Michael Clatts, PhD, NDRI, New York City

Ecological perspectives on co-occurring epidemics in the Pacific Northwest: HIV, drugs, and MSM: context and meaning
Mike Gorman, PhD, University of Washington

The social construction of a gay drug: methamphetamine use among gay and bisexual males in Los Angeles
Cathy J. Reback, PhD, Van Ness Recovery House, Los Angeles

10:00-10:30 Break

10:30-11:30 Ethnographic Studies (Session 2)
Moderator: Chilly Clay, MA

Sexual risk and substance use in an urban bathhouse: a collaborative study by public and private agencies.
Kerth O'Brien, PhD, Oregon State Health Division & Portland State University

Ethnographic and clinical perspectives on HIV risks and drug use among MSM youth
Jim Farrow, MD, University of Washington

Treatment issues for alcohol and other drug use among African-American MSMs
Michael Browning, Director, Day One, Pasadena, CA

11:30-12:45 Lunch

12:45-2:00 Substance Abuse Treatment Issues and Linkages to HIV: Prevention and Intervention
Moderator: Kenneth D. Stark, MEd

Perspective of the Center for Substance Abuse Treatment
David J. Mactas, Center for Substance Abuse Treatment, SAMHSA

Commissioned Paper: The science and politics of interventions for AODA men who have sex with men: a review and commentary on progress since 1986
David Ostrow, MD, PhD, University of Illinois and Howard Brown Clinic

Commissioned Paper: Substance abuse treatment as HIV prevention for MSMs
Steven Shoptaw, PhD, Los Angeles Addiction Treatment Research Center

2:00-2:30 Break

2:30-3:30 **Substance Abuse Treatment Issues and Linkages to HIV: Prevention and Intervention (Session 2)**
Moderator: Benjamin Barr, MSW

The Substance Use, Counseling, and Education Program
Richard Elovich, GMHC, New York City

HIV prevention and related substance abuse issues for Latino MSM
Rafael Diaz, MSW, PhD

San Francisco Bay Area interventions for MSM alcohol and drug use
Matthew Denckla, San Francisco

3:30-5:00 **Breakout Session #2—Describing the Highest Priority Actions Needed to Improve HIV Prevention Efforts**

- I. Epidemiology/Ethnography priorities and gaps: the interface between AOD and HIV*
- II. Prevention/Intervention/Community planning*
- III. Treatment strategies and linkages: substance abuse and HIV*

September 5, 1997

7:30-8:30 **Continental Breakfast**

8:30-9:30 **Summary of Breakout Groups**
Moderator: Paul Gaist, PhD, MPH

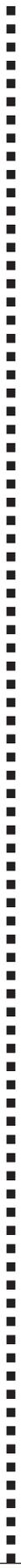
Steffanie Strathdee, Ph.D - Epidemiology and Ethnography
Monty Levine, MPH - Prevention/Intervention/Community Planning
Michael Siever, Ph.D- Treatment Strategies and Linkages: substance abuse and HIV

9:30-10:00 **Break**

10:00-11:30 **Plenary Session to Formulate Recommendations and Identify Highest Priority Action Items**

Group Discussion - Facilitators Steve Jones & Bob Wood

11:30 **Wrap-up and Closing**



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Northwest Regional Workshop on HIV Prevention Approaches

Final Roster of Participants

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